

## **EXTENSION OF TERM**

| NOTE:   | OTE: "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and corresponse has been filed after a Non-Final Office Action, an extension of time is not requestion permit filing and/or entry of an additional amendment after expiration of the shortened speriod.   |   |      |       |  |                           |  |
|---|---|---|------|-------|--|---------------------------|--|
|   | If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35). |   |      |       |  |                           |  |
| NOTE:   | See 37 CFR 1.645 for extensions of time in interference proceedings and ST CFR 1.550(c) for extensions of time in reexamination proceedings.  |   |      |       |  |                           |  |
| 3.<br>apply.  | extensions of time in reexamination proceedings.  The proceedings herein are for a patent application and the processions of 37-CFR 1.136  (complete (a) or (b), as applicable)  Applicant petitions for an extension of time under 38 CFR 1.136  |   |      |       |  |                           |  |
|   | (complete (a) or (b), as applicable) (complete $(a)$  |   |      |       |  |                           |  |
| (a)   | Applicant petitions for an extension of time under 38 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:   |   |      |       |  |                           |  |
|   |   | nsion<br>nths)  |      |       | other than<br>entity   | Fee for small entity      |  |
| one month   |   |   | \$   | 110   | 0.00   | \$ 55.00                  |  |
| two months  |   |   |      | 390   | 0.00   | \$195.00                  |  |
| three months  |   |   | \$   | 890   | 0.00   | \$445.00                  |  |
| four months   |   |   | \$   | 1,390 | 0.00   | \$695.00                  |  |
|   |   |   |      |       | Fee \$   |                           |  |
|   |   |   |      |       |  |                           |  |
| If an additional <b>extension</b> of time is required, please consider this a petition therefor.  (check and complete the next item, if applicable) |   |   |      |       |  |                           |  |
|   | $\Box$  | •   | пріе | ie in |  |                           |  |
|   |   | An extension for<br>paid therefor of \$<br>months of extension no | w re | ques  | months has already been is deducted from the total ted.                                    |                           |  |
|   |   |   |      |       | Extension fee due with this  | s request \$              |  |
|   |   |   |      | 0     | R  |                           |  |
| (b)   | $\boxtimes$   | conditional petition is b   | eing | mad   | ctension of term is requ<br>de to provide for the possiled<br>for a petition for extension | bility that applicant has |  |



## **FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d) has been calculated as shown below:

| (Col. 1)  |             | (Co  | (Col. 2) (Col. 3) SMALL ENTITY |                      |                        | OTHER<br>SMALL |    |                        |               |   |
|---|-------------|--|--------------------------------|----------------------|------------------------|----------------|----|------------------------|---------------|---|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |             | PREVI                                      | ST NO<br>OUSLY<br>FOR          | PRESENT<br>EXTRA     | RATE                   | ADDIT.<br>FEE  | OR | RATE                   | ADDIT.<br>FEE | - |
| TOTAL   | 40•         | MINUS                                      | 40••                           | =0                   | x9=                    | \$0            |    | x18=                   | \$0           | _ |
| INDEP.  | 10•         | MINUS                                      | 9•••                           | =1                   | x 40=                  | \$0            |    | X80=                   | \$80.00       | _ |
| ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +130= \$ +260= \$   |             |  |                                |                      |                        |                | -  |                        |               |   |
|   |             |  |                                |                      | TOTAL<br>ADDIT.<br>FEE | \$0            | OR | TOTAL<br>ADDIT.<br>FEE | \$80.00       | _ |
| <ul> <li>If the entry in Col. 1 is less than entry in Col. 2, write ")" in Col. 3.</li> <li>If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."         The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.     </li> <li>WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).</li> </ul> |             |  |                                |                      |                        |                |    |                        |               |   |
| (c)   |             | No ad                                      | ditional f                     | ee for claims is re  | equired.               |                |    |                        |               |   |
|   |             |  |                                |                      | OR                     |                |    |                        |               |   |
| (d)   | $\boxtimes$ | Total                                      | additiona                      | al fee for claims re | equired \$_            | 80.00          |    |                        |               |   |
| FEE PAYMENT   |             |  |                                |                      |                        |                |    |                        |               |   |
| 5.  | $\boxtimes$ | Attached is a check in the sum of \$_80.00 |                                |                      |                        |                |    |                        |               |   |
|   |             | Charg                                      | e Accou                        | nt No.               | the s                  | um of \$_      |    |                        |               |   |
|   |             | A dup                                      | licate of                      | this transmittal is  | attached               | •              |    |                        |               |   |



## **FEE DEFICIENCY**

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

| 6. | If any additional extension and/or fee is required, charge Account No. |  |  |  |  |  |
|----|--|--|--|--|--|--|
| 7. | <u>11-1110</u> .   |  |  |  |  |  |
|    |  | AND/OR   |  |  |  |  |
|    | $\boxtimes$  | If any additional fee for claims is required, charge Account No. |  |  |  |  |
|    |  | 11-1110  |  |  |  |  |

Reg. No.: 44,626

Tel. No.: (412) 355-6583

SIGNATURE OF ATTORNEY

Maria Comninou
(type or print name of attorney)

Kirkpatrick & Lockhart LLP
P.O. Address
Henry W. Oliver Building
535 Smithfield Street
Pittsburgh, PA 15222-2312